

Electronic Filing Instructions for your 2015 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



William J & Indra Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

Balance Due/Refund	Your federal tax return (Form 1040) shows a balance due of \$6,595.00.		
	Your return shows you have elected to pay your balance due of \$6,595.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$6,595.00	
	- Account Number:	23283381	
	- Routing Transit Number:	021000089	
	- Date of Withdrawal:	04/16/2016	
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2015 Federal Tax Return Summary	Adjusted Gross Income	\$	225,656.00
	Taxable Income	\$	185,637.00
	Total Tax	\$	33,167.00
	Total Payments/Credits	\$	26,684.00
	Payment Due	\$	6,483.00
	Penalty/Interest	\$	112.00
	Balance Due With Penalty/Interest	\$	6,595.00
	Effective Tax Rate		14.70%
Estimated Payments to Make for Next Year's Return	Estimated Payments for 2016 - Do not mail these vouchers with your 2015 income tax return. The estimated vouchers displayed below are used to prepay your 2016 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2016, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).		
	Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	04/18/2016	\$ 4,950.00
	2	06/15/2016	\$ 4,950.00
	3	09/15/2016	\$ 4,950.00
	4	01/17/2017	\$ 4,950.00
	Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.		
	Mail payments to: Internal Revenue Service P.O. Box 37007 Hartford, CT 06176-7007		

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/18/2016**

2016 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2016 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

4,950.

REV 12/04/15 TTW

1555

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201612 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/15/2016**

2016 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2016 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

4,950.

REV 12/04/15 TTW

1555

117-52-2618 071-62-9248
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HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201612 430

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/15/2016**

2016 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2016 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

4,950.

REV 12/04/15 TTW

1555

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WILLIAM J MATTIACE
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PO BOX 37007
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201612 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 01/17/2017

2016 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2016 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

4,950.

REV 12/04/15 TTW

1555

117-52-2618 071-62-9248
WILLIAM J MATTIACE
INDRA MATTIACE
186 LOCUST STREET APT PVT
FLORAL PARK NY 11001

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-7007

117522618 CD MATT 30 0 201612 430

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning		, 2015, ending	, 20	See separate instructions.
Your first name and initial		Last name		Your social security number
William J		Mattiace		117-52-2618
If a joint return, spouse's first name and initial		Last name		Spouse's social security number
Indra		Mattiace		071-62-9248
Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
186 Locust Street			PVT	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Presidential Election Campaign
Floral Park NY 11001				Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
Foreign country name		Foreign province/state/county	Foreign postal code	<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a

b ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

If more than four dependents, see instructions and check here ▶ ☐

2

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	160,868.
	8a	Taxable interest. Attach Schedule B if required	8a	34.
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	9,077.
	b	Qualified dividends	9b	9,003.
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	55,677.
	14	Other gains or (losses). Attach Form 4797	14	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
b	Taxable amount	20b		
21	Other income. List type and amount	21		
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	225,656.	

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35	36		
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	225,656.	

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,250

38	Amount from line 37 (adjusted gross income)	38	225,656.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	32,019.
41	Subtract line 40 from line 38	41	193,637.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	185,637.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	31,529.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	1,638.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	33,167.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	33,167.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	33,167.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	16,684.
65	2015 estimated tax payments and amount applied from 2014 return	65	10,000.
66a	Earned income credit (EIC) No	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	26,684.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																					
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
77	Amount of line 75 you want applied to your 2016 estimated tax ▶ 77	77																					
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	6,595.																				
79	Estimated tax penalty (see instructions)	79	112.																				

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Computer programmer	Daytime phone number (516) 488-7153
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Dietitian	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

William J & Indra Mattiace

Your social security number

117-52-2618

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2				
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	12,558.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	12,269.		
7	Personal property taxes	7			
8	Other taxes. List type and amount ► Foreign Taxes Int Div	8	167.		
9	Add lines 5 through 8	9		24,994.	
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	1,392.
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	16.
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	1,408.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	1,805.
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	1,805.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Deductible expenses from Form 2106		21	7,780.
		22 Tax preparation fees		22	85.
		23 Other expenses—investment, safe deposit box, etc. List type and amount ► Magazines, and books for investment		23	460.
		24 Add lines 21 through 23		24	8,325.
		25 Enter amount from Form 1040, line 38 25 225,656.		25	
		26 Multiply line 25 by 2% (.02)		26	4,513.
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	3,812.
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?		29	32,019.
		No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2015
Attachment
Sequence No. **08**

Name(s) shown on return

William J & Indra Mattiace

Your social security number

117-52-2618

Part I
Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ►

CHARLES SCHWAB & CO., INC.

Ridgewood Savings Bank

Maspeth Federal Savings & Loan

Amount

0.36

19.30

14.15

1

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►

33.81

33.81

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ► Tweedy Browne Funds
- The Royce Funds
- Fairholme Funds
- Selected Funds
- Harbor Funds
- Vanguard

4,301.89

251.53

814.53

2,281.48

1,177.64

249.78

5

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►

9,076.85

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a** At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

X

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015
Attachment
Sequence No. **12**

Name(s) shown on return

William J & Indra Mattiace

Your social security number

117-52-2618

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,661.	2,719.		-58.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -58.

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	29,364.	29,824.		-460.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	12.	1,178.		-1,166.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 57,361.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 55,735.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	55,677.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ►	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ►	19	
20	Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

William J & Indra Mattiace

Social security number or taxpayer identification number

117-52-2618

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Shares Redeemed	Various	04/15/15	2,603.01	2,666.99			-63.98
	Shares Redeemed	12/17/14	12/01/15	57.74	51.79			5.95
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				2,660.75	2,718.78			-58.03

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

117-52-2618

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

William J & Indra Mattiace

117-52-2618

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.60 LUMENTUM HOLDINGS IN	01/25/00	08/04/15	12.20	1,178.04			-1,165.84
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				12.20	1,178.04			-1,165.84

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Alternative Minimum Tax—Individuals► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

William J & Indra Mattiace

Your social security number

117-52-2618

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	193,637.
2 Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3 Taxes from Schedule A (Form 1040), line 9	3	24,994.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27.	5	3,812.
6 If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions	6	(0.)
7 Tax refund from Form 1040, line 10 or line 21	7	()
8 Investment interest expense (difference between regular tax and AMT).	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Alternative tax net operating loss deduction	11	()
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock, see instructions	13	0.
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	0.
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19 Passive activities (difference between AMT and regular tax income or loss)	19	
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	()
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.)	28	222,443.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2015, see instructions.)		
IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .		
Single or head of household \$119,200 \$53,600	}	
Married filing jointly or qualifying widow(er) 158,900 83,400		
Married filing separately 79,450 41,700		
If line 28 is over the amount shown above for your filing status, see instructions.	29	67,514.
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	154,929.
31 <ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result. 	31	33,167.
32 Alternative minimum tax foreign tax credit (see instructions)	32	
33 Tentative minimum tax. Subtract line 32 from line 31	33	33,167.
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	31,529.
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	1,638.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	154,929.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	64,680.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	64,680.
40	Enter the smaller of line 36 or line 39	40	64,680.
41	Subtract line 40 from line 36	41	90,249.
42	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result . . . ▶	42	23,465.
43	Enter: • \$74,900 if married filing jointly or qualifying widow(er), • \$37,450 if single or married filing separately, or • \$50,200 if head of household. }	43	74,900.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	120,957.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37	46	64,680.
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	0.
48	Subtract line 47 from line 46	48	64,680.
49	Enter: • \$413,200 if single • \$232,425 if married filing separately • \$464,850 if married filing jointly or qualifying widow(er) • \$439,000 if head of household. }	49	464,850.
50	Enter the amount from line 45	50	0.
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	120,957.
52	Add line 50 and line 51	52	120,957.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	343,893.
54	Enter the smaller of line 48 or line 53	54	64,680.
55	Multiply line 54 by 15% (.15) ▶	55	9,702.
56	Add lines 47 and 54	56	64,680.
If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.			
57	Subtract line 56 from line 46	57	0.
58	Multiply line 57 by 20% (.20) ▶	58	0.
If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.			
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (.25) ▶	61	
62	Add lines 42, 55, 58, and 61	62	33,167.
63	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	63	40,282.
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	33,167.

Unreimbursed Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

Your name

Indra Mattiace

Occupation in which you incurred expenses

Dietitian

Social security number

071-62-9248

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2015.

Caution: You can use the standard mileage rate for 2015 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 57.5¢ (.575). Enter the result here	1	1,208.
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	32.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	402.
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	1,338.
5	Meals and entertainment expenses: \$ <u>390.</u> × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	195.
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	3,175.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2011

8 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business 2,100 **b** Commuting (see instructions) 4 **c** Other 6,446

9 Was your vehicle available for personal use during off-duty hours? ☒ **Yes** ☐ **No**

10 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☒ **No**

11a Do you have evidence to support your deduction? ☒ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

Unreimbursed Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

Your name

William J Mattiace

Occupation in which you incurred expenses

Computer Programmer

Social security number

117-52-2618

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2015.

Caution: You can use the standard mileage rate for 2015 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 57.5¢ (.575). Enter the result here	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	4,605.
5	Meals and entertainment expenses: \$ _____ × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	4,605.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ _____

8 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

9 Was your vehicle available for personal use during off-duty hours? ☐ **Yes** ☐ **No**

10 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☐ **No**

11a Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

Tax History Report

► Keep for your records

2015

Name(s) Shown on Return

William J & Indra Mattiace

	Five Year Tax History:				
	2011	2012	2013	2014	2015
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	158,101.	172,757.	177,838.	192,496.	225,656.
Adjustments to income					
Adjusted gross income	158,101.	172,757.	177,838.	192,496.	225,656.
Tax expense	19,776.	19,066.	23,539.	23,805.	24,994.
Interest expense . . .	4,071.	3,459.	2,812.	2,129.	1,408.
Contributions	1,140.	1,090.	2,285.	3,545.	1,805.
Miscellaneous deductions	4,650.	5,946.	6,157.	4,947.	3,812.
Other Itemized Deductions					
Total itemized/standard deduction . .	29,637.	29,561.	34,793.	34,426.	32,019.
Exemption amount . .	14,800.	15,200.	11,700.	7,900.	8,000.
Taxable income	113,664.	127,996.	131,345.	150,170.	185,637.
Tax	19,338.	20,548.	20,831.	23,292.	31,529.
Alternative min tax . .			51.		1,638.
Total credits	3,390.	1,457.	420.		
Other taxes					
Payments	21,264.	21,019.	19,181.	20,364.	26,684.
Form 2210 penalty . .	11.	62.	84.	106.	112.
Amount owed			1,365.	3,034.	6,595.
Applied to next year's estimated tax .					
Refund	5,305.	1,866.			
Effective tax rate % . .	8.82	10.64	11.45	12.10	14.70
**Tax bracket % . . .	25.0	25.0	25.0	28.0	28.0

**Tax bracket % is based on Taxable income.

Healthcare Entry Sheet

► Keep for your records

2015

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 William Mattiace	117-52-2618	04/04/57	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T
2 Indra Mattiace	071-62-9248	10/31/55	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S
3			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☐ Check this box once you are finished with all the healthcare related entries.

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2015

Line 44

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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1	Enter the amount from Form 1040, line 43	1	185,637.
2	Enter the amount from Form 1040, line 9b	2	9,003.
3	Are you filing Schedule D?		
	<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-		
	3 55,677.		
	<input type="checkbox"/> No. Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3	4	64,680.
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-		
	5 0.		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	64,680.
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	120,957.
8	Enter: \$37,450 if single or married filing separately, \$74,900 if married filing jointly or qualifying widow(er), \$50,200 if head of household.		
	8 74,900.		
9	Enter the smaller of line 1 or line 8	9	74,900.
10	Enter the smaller of line 7 or line 9	10	74,900.
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	0.
12	Enter the smaller of line 1 or line 6	12	64,680.
13	Enter the amount from line 11	13	0.
14	Subtract line 13 from line 12.	14	64,680.
15	Enter: \$413,200 if single, \$232,425 if married filing separately, \$464,850 if married filing jointly or qualifying widow(er), \$439,000 if head of household.		
	15 464,850.		
16	Enter the smaller of line 1 or line 15	16	185,637.
17	Add lines 7 and 11	17	120,957.
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	64,680.
19	Enter the smaller of line 14 or line 18	19	64,680.
20	Multiply line 19 by 15% (.15)	20	9,702.
21	Add lines 11 and 19	21	64,680.
22	Subtract line 21 from line 12	22	0.
23	Multiply line 22 by 20% (.20)	23	0.
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.		
	24 21,827.		
25	Add lines 20, 23, and 24	25	31,529.
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
	26 39,030.		
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.		
	27 31,529.		

2015

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/15		04/15/15			04/15/15		
2	06/15/15		06/15/15			06/15/15		
3	09/15/15		09/15/15			09/15/15		
4	01/15/16	10,000.	01/15/16	5,000.	NY	01/15/16		
5								
Tot Estimated Payments . . .		10,000.		5,000.				

ID

9 2015 extensions

5,000.

Local

8,336.

20 Total Tax Payments for 2015

13,336.

ID

24 Other (amended returns, installment payments, etc) . .

NY

NY

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2015

► Keep for your records

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	8,336.
2	2015 state estimated taxes paid in 2015	0.
3	2014 state estimated taxes paid in 2015	2,500.
4	Amount paid with 2014 state application for extension	
5	Amount paid with 2014 state income tax return	1,722.
6	Overpayment on 2014 state income tax return applied to 2015 tax	
7	Other amounts paid in 2015 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	
10	2015 local estimated taxes paid in 2015	
11	2014 local estimated taxes paid in 2015	
12	Amount paid with 2014 local application for extension	
13	Amount paid with 2014 local income tax return	
14	Overpayment on 2014 local income tax return applied to 2015 tax	
15	Other amounts paid in 2015 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	12,558.
19	State and local refund allocated to 2015	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	12,558.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	
24	Adjusted gross income	
25	Add lines 23 and 24	
26	Nondeductible percent. Line 23 divided by line 25	%
27	Hawaii state income tax included in line 18	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	

Charitable Contributions Summary

► Keep for your records

2015

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Saint Gregory the Great	1,560.	1,560.		
Floral Park Volunteer Fire Dept.	45.	45.		
Ronald McDonald House	200.	200.		
Totals:	1,805.	1,805.		

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total (a) Total	Other Property (b) 50% Limit	(c) 30% Limit	Capital Gain Property (d) 30% Limit	(e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2016

	Total (a) Total	Cash and Other Non-Capital Gain Property (b) RESERVED	(c) 50% Limit	(d) 30% Limit	Capital Gain Property (e) 30% Limit	(f) 20% Limit
1 2015 contributions . .	1,805.		1,805.			
2 2015 contributions allowed	1,805.		1,805.	0.	0.	0.
3 Carryovers from:						
a 2014 tax year						
b 2013 tax year						
c 2012 tax year						
d 2011 tax year						
e 2010 tax year						
4 Carryovers allowed in 2015	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2015	0.		0.	0.	0.	0.
6 Carryovers to 2016:						
a From 2015	0.		0.	0.	0.	0.
b From 2014						
c From 2013						
d From 2012						
e From 2011						
f From 2010						

Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☒ No
- Was any charity other than a 50% charity? ☐ Yes ☒ No

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2015

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace		Social Security Number 117-52-2618	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends. 9,003.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c	9,003.	0.	9,003.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	9,003.		9,003.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT 55,735.			
b Enter the gain from line 16 of Schedule D as refigured for the AMT 55,677.			
c Enter the smaller of line 7a or line 7b	55,677.		55,677.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	55,677.	0.	55,677.
10 Add lines 6 and 9	64,680.		64,680.
A Enter the amount from Form 6251, line 30.	154,929.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT 0.			
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			64,680.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Taxable Income – Line 1

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	193,637.
2	Additions to income	2	
3	Add lines 1 and 2	3	193,637.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	193,637.

Taxes – Line 3

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 Attributable to mortgage used to purchase, build, or improve:			
a Main home or second home that is house, apartment, condominium or non-transient mobile home	1,408.		
b Second home that is transient mobile home or boat			
c Total			1,408.
2 Attributable to mortgage used to refinance:			
a To pay off mortgage			
b For other purposes			
c Total			
3 Attributable to other mortgage deductible for AMT:			
a Pre-July 1, 1982 mortgage			
4 Total column (a)	1,408.		
5 Total column (b). Enter result on Form 6251, line 4.			
6 Total mortgage interest from Schedule A			1,408.

Refund of Taxes – Line 7

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	222,443.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	222,443.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	200,199.
6	Enter ATNOL carried to 2014 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options – Line 14

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 14	5	

Disposition of Property – Line 17

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)	55,677.	55,677.	0.
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 17			0.

Post-86 Depreciation – Line 18

1 From depreciation worksheets	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 18	5	

Passive Activities – Line 19

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 19	4	

Circulation Costs – Line 21

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 21	3	

Mining Costs – Line 23

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 23	3	

Research and Experimental Costs – Line 24

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 24	3	

Intangible Drilling Costs – Line 26

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 26	6	

Other Adjustments – Line 27

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3.	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Total other adjustments. Add lines 5 and 6 and enter on Form 6251, line 27.	7	

Alternative Minimum Taxable Income – Line 28

If married filing separately and Form 6251, line 28, is more than \$246,250:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1.	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$41,700	5
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6

Exemption – Line 29

1	Enter \$53,600 if single or head of household, \$83,400 if married filing jointly or qualifying widow(er), \$41,700 if married filing separately	1	83,400.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	222,443.
3	Enter \$119,200 if single or head of household, \$158,900 if married filing jointly or qualifying widow(er), \$79,450 if married filing separately	3	158,900.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	63,543.
5	Multiply line 4 by 25% (.25)	5	15,886.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	67,514.
If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.			
7	Minimum exemption amount for certain children under age 24	7	
8 a	Enter the child's earned income , if any	8 a	
b	Enter any adjustments.	b	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	

Federal Carryover Worksheet

2015

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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2014 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY		2,500.	9,084.	1,722.		
Totals . .		2,500.	9,084.	1,722.		

Other Tax and Income Information

			2014	2015
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	34,426.	32,019.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	192,496.	225,656.
6	Tax liability for Form 2210 or Form 2210-F	6	23,292.	33,167.
7	Alternative minimum tax	7		1,638.
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2014	2015
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2014	2015
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2015	b		
	b 2014	c		
	c 2013	d		
	d 2012	e		
	e 2011	f		
	f 2010			

William J & Indra Mattiace

117-52-2618

Loss and Expense Carryovers (cont'd)						2014	2015
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2015 . . .	17 a			
		b	2014 . . .	b			
		c	2013 . . .	c			
		d	2012 . . .	d			
		e	2011 . . .	e			
		f	2010 . . .	f			

Credit Carryovers						2014	2015
18	General business credit					18	
19	Adoption credit from:	a	2015	19 a			
		b	2014	b			
		c	2013	c			
		d	2012	d			
20	Mortgage interest credit from:	a	2015	20 a			
		b	2014	b			
		c	2013	c			
		d	2012	d			
21	Credit for prior year minimum tax					21	
22	District of Columbia first-time homebuyer credit					22	
23	Residential energy efficient property credit					23	

Other Carryovers						2014	2015
24	Section 179 expense deduction disallowed					24	0.
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a			
		b	Taxpayer (Form 2555, line 48)	b			
		c	Spouse (Form 2555, line 46)	c			
		d	Spouse (Form 2555, line 48)	d			

Charitable Contribution Carryovers

26	2014 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2014				
b	2013				
c	2012				
d	2011				
e	2010				
27	2015 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015				
b	2014				
c	2013				
d	2012				
e	2011				

28 Amount overpaid less earned income credit 0.

2014 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

IRA Information Worksheet

2015

► Keep for your records

Name(s) Shown on Return William J & Indra Mattiace	Social Security Number 117-52-2618
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Part I Traditional IRA		Taxpayer	Spouse
Basis and Value			
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2015.		
3	Basis carryover as of 12/31/2015		
Excess Contributions			
4	Excess contributions as of 12/31/2014		
5	Carryover of excess contributions to 2016		
Part II Roth IRA		Taxpayer	Spouse
Basis (Contribution and Conversion History)			
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions.		6,702.
8	Contribution basis carryover as of 12/31/2015		
9	Conversion basis carryover as of 12/31/2015		6,702.
Excess Contributions			
10	Excess contributions as of 12/31/2014		
11	Carryover of excess contributions to 2016		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2014 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited. . .		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs.		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/2015 (<i>See Help</i>)		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2015. qualified charitable distributions (QCD) made in Jan. 2016 to be treated as made in December 2015 (<i>See Help</i>).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2015		
21	Check this box if you converted all of the traditional IRAs you had in 2015 to Roth IRAs in 2015.	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

► Keep for your records

2015

Page 2

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2011	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2014 Balances (Basis - Before 2015 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2011 conversions - taxable and nontaxable		6,702.
25	2011 conversion contributions taxable at conversion		
26	2011 conversion contributions not taxable at conversion		
27	2012 conversion contributions taxable at conversion		
28	2012 conversion contributions not taxable at conversion		
29	2013 conversion contributions taxable at conversion		
30	2013 conversion contributions not taxable at conversion		
31	2014 conversion contributions taxable at conversion		
32	2014 conversion contributions not taxable at conversion		
2015 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)		
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
2015 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2011 conversions		
40	Distributions from 2011 conversions taxable at conversion		
41	Distributions from 2011 conversions not taxable at conversion		
42	Distributions from 2012 conversions taxable at conversion		
43	Distributions from 2012 conversions not taxable at conversion		
44	Distributions from 2013 conversions taxable at conversion		
45	Distributions from 2013 conversions not taxable at conversion		
46	Distributions from 2014 conversions taxable at conversion		
47	Distributions from 2014 conversions not taxable at conversion		
48	Distributions from 2015 conversions taxable at conversion		
49	Distributions from 2015 conversions not taxable at conversion		
50	Did you have any open Roth IRA accounts on 12/31/2015?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2016 (Basis - After 2015 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52	Cumulative pre 2012 conversions - taxable and nontaxable		6,702.
53	2012 conversion contributions taxable at conversion		
54	2012 conversion contributions not taxable at conversion		
55	2013 conversion contributions taxable at conversion		
56	2013 conversion contributions not taxable at conversion		
57	2014 conversion contributions taxable at conversion		
58	2014 conversion contributions not taxable at conversion		
59	2015 conversion contributions taxable at conversion		
60	2015 conversion contributions not taxable at conversion		

IRA Information Worksheet

► Keep for your records

2015

Page 3

Name(s) Shown on Return
William J & Indra Mattiace

Social Security Number
117-52-2618

Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
Received From Former Spouse due to Divorce or Inheritance			
	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
61			
62	Cumulative pre 2011 conversions - taxable and nontaxable		
63	2011 conversion contributions taxable at conversion		
64	2011 conversion contributions not taxable at conversion		
65	2012 conversion contributions taxable at conversion		
66	2012 conversion contributions not taxable at conversion		
67	2013 conversion contributions taxable at conversion		
68	2013 conversion contributions not taxable at conversion		
69	2014 conversion contributions taxable at conversion		
70	2014 conversion contributions not taxable at conversion		
71	2015 conversion contributions taxable at conversion		
72	2015 conversion contributions not taxable at conversion		
Transferred To Former Spouse due to Divorce			
	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
73			
74	Cumulative pre 2011 conversions - taxable and nontaxable		
75	2011 conversion contributions taxable at conversion		
76	2011 conversion contributions not taxable at conversion		
77	2012 conversion contributions taxable at conversion		
78	2012 conversion contributions not taxable at conversion		
79	2013 conversion contributions taxable at conversion		
80	2013 conversion contributions not taxable at conversion		
81	2014 conversion contributions taxable at conversion		
82	2014 conversion contributions not taxable at conversion		
83	2015 conversion contributions taxable at conversion		
84	2015 conversion contributions not taxable at conversion		

Depreciation and Amortization Report

Tax Year 2015

- Keep for your records

2015

William J & Indra Mattiace

Form 2106 - Dietitian

117-52-2618

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

Tax Year 2015

- Keep for your records

William J & Indra Mattiace
Form 2106 - Computer Programmer

117-52-2618

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

- Keep for your records

117-52-2618

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

Form 4562

Alternative Minimum Tax Depreciation Report

Tax Year 2015

- Keep for your records

2015

William J & Indra Mattiace

Form 2106 - Computer Programmer

117-52-2618

[illegible]

* Code: S = Sold, A = Auto, L = Listed, H = Home Office

Electronic Filing Instructions for your 2015 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Balance Due/Refund	<p>Your New York state tax return (Form IT-201) shows a balance due of \$259.00.</p> <p>Your return shows you have elected to pay your balance due of \$259.00 by Direct Debit using the following information:</p> <ul style="list-style-type: none">- Amount Withdrawn: \$259.00- Account Number: 23283381- Routing Transit Number: 021000089- Date of Withdrawal: 04/16/2016 <p>To inquire about the status of your Direct Debit call the New York State Department of Taxation and Finance directly at 1-800-225-5829.</p>
No Signature Document Needed	<p>No signature form is required since you signed your return electronically.</p>
What You Need to Keep	<p>Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns</p>
Other Forms to Mail	<p>Your Form NYC-1127 (Joint or Employee's Copy) tax return, shows a balance due of \$983.00. If paying by check or money order do NOT include the payment with the return. Mail your check or money order with payment voucher form NYC-200V-1127 for this amount payable to the "NYC Department of Finance". Write your social security number and "2015 Income Tax" on the check.</p> <p>Mail your Form NYC-1127 (Joint or Employee's Copy) to the following address by May 16, 2016:</p> <p>NYC Department of Finance Section 1127 PO Box 5564 Binghamton, NY 13902-5564</p> <p>Mail your payment and Form NYC-200V-1127 ONLY to the following address by May 16, 2016:</p> <p>NYC Department of Finance PO Box 3646 New York, NY 10008-3646</p>

Electronic Filing Instructions for your 2015 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



WILLIAM J and INDRA MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

2015 New York Tax Return Summary	Taxable Income	\$	208,837.00
	Total Tax	\$	13,476.00
	Total Payments/Credits	\$	13,336.00
	Payment Due	\$	140.00
	Penalty/Interest	\$	119.00
	Balance Due With Penalty/Interest	\$	259.00

Estimated Payments to Make for Next Year's Return

New York Estimated Payment Vouchers for 2016 - Do not mail the following vouchers (Form IT-2105) with your 2015 income tax return. These vouchers are used to prepay your 2016 income taxes that will be filed next year.

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/18/2016	\$ 1,622.00
2	06/15/2016	\$ 1,622.00
3	09/15/2016	\$ 1,622.00
4	01/17/2017	\$ 1,622.00

Include a separate check or money order for each payment, payable to "NYS Income Tax". Write your social security number and "2016 IT-2105" on each check.

Mail payments to:
NYS Estimated Income Tax
Processing Center
PO Box 4122
Binghamton, NY 13902-4122

**Tips for Estimated Tax**

Did you know? You can pay your estimated tax electronically on our Web site with a debit from your checking or savings account. Visit us on the Web at www.tax.ny.gov to pay your estimated tax electronically.

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To help us match your New York State estimated tax account to your New York State income tax return, and to avoid a delay in processing your return, please note the following:

- **Social security number/taxpayer identification number** – Make sure that the social security number used on your vouchers agrees with the number on your social security card and the number used on your New York State income tax return. If you use a taxpayer identification number, this number must agree with the number used on your New York State income tax return.
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**Telephone assistance**

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431



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◀ Detach (cut) here ▶



Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 11/13/15 TTW

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Social security number (SSN) or taxpayer ID number 117-52-2618		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State
Taxpayer's first name and middle initial WILLIAM J		Taxpayer's last name MATTIACE		New York City
Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET		Apartment number PVT		Yonkers
City, village, or post office FLORAL PARK	State NY	ZIP code 11001		MCTMT
Taxpayer's e-mail address GMATTIAW@GMAIL.COM				

Estimated tax amounts

	Dollars	Cents
New York State	1622	00
New York City		00
Yonkers		00
MCTMT		00
Total payment	1622	00

STOP: Pay this electronically on our Web site

0601161555 117522618

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New York State • New York City • Yonkers • MCTMT

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Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET		Apartment number PVT		Yonkers
City, village, or post office FLORAL PARK	State NY	ZIP code 11001		MCTMT
Taxpayer's e-mail address GMATTIAW@GMAIL.COM				

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MCTMT		00
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Department of Taxation and Finance

Estimated Tax Payment Voucher for Individuals

New York State • New York City • Yonkers • MCTMT

REV 11/13/15 TTW

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Social security number (SSN) or taxpayer ID number 117-52-2618		Enter your 2-character special condition code if applicable (see instr.) <input type="text"/>		New York State
Taxpayer's first name and middle initial WILLIAM J		Taxpayer's last name MATTIACE		New York City
Mailing address (number and street or PO box; see instructions) 186 LOCUST STREET		Apartment number PVT		Yonkers
City, village, or post office FLORAL PARK	State NY	ZIP code 11001		MCTMT
Taxpayer's e-mail address GMATTIAW@GMAIL.COM				

Estimated tax amounts

	Dollars	Cents
New York State	1622	00
New York City		00
Yonkers		00
MCTMT		00
Total payment	1622	00

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0601161555 117522618



Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning ... **15**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
WILLIAM	J	MATTIACE	04041957	117-52-2618
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
INDRA		MATTIACE	10311955	071-62-9248
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
186 LOCUST STREET			PVT	NASS
City, village, or post office		State	ZIP code	Country (if not United States)
FLORAL PARK		NY	11001	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number
				195
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		
		Decedent information	Spouse's date of death (mmddyyyy)	

A Filing status

(mark an X in one box):

- ① ☐ Single
- ② ☒ Married filing joint return
(enter spouse's social security number above)
- ③ ☐ Married filing separate return
(enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2015 federal income tax return? Yes ☒ No ☐

C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒



D1 Did you have a financial account located in a foreign country? (see page 14) Yes ☐ No ☒

D2 Yonkers residents and Yonkers part-year residents only:

- (1) Did you receive a property tax freeze credit? (see page 14) Yes ☐ No ☐
- (2) If Yes, enter the amount 00

E (1) Did you or your spouse maintain living quarters in NYC during 2015? (see page 14) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 14):

- (1) Number of months you lived in NYC in 2015
- (2) Number of months your spouse lived in NYC in 2015

G Enter your 2-character special condition code(s) if applicable (see page 14)

H Dependent exemption information (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

201001151555



For office use only

Your social security number
117-52-2618

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	160868	00
2	Taxable interest income	2	34	00
3	Ordinary dividends	3	9077	00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4		00
5	Alimony received	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	55677	00
8	Other gains or losses (submit a copy of federal Form 4797)	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		00
12	Rental real estate included in line 11	12		00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13		00
14	Unemployment compensation	14		00
15	Taxable amount of social security benefits (also enter on line 27)	15		00
16	Other income (see page 15) Identify:	16		00
17	Add lines 1 through 11 and 13 through 16	17	225656	00
18	Total federal adjustments to income (see page 15) Identify:	18		00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	225656	00

New York additions (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21		00
22	New York's 529 college savings program distributions (see page 16)	22		00
23	Other (Form IT-225, line 9)	23		00
24	Add lines 19 through 23	24	225656	00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 17)	26		00
27	Taxable amount of social security benefits (from line 15)	27		00
28	Interest income on U.S. government bonds	28		00
29	Pension and annuity income exclusion (see page 18)	29		00
30	New York's 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18)	31		00
32	Add lines 25 through 31	32		00
33	New York adjusted gross income (subtract line 32 from line 24)	33	225656	00

Standard deduction or itemized deduction (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input checked="" type="checkbox"/> Itemized	34	16819	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	208837	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000	00
37	Taxable income (subtract line 36 from line 35)	37	208837	00

201002151555



Name(s) as shown on page 1

WILLIAM J AND INDRA MATTIACE

Your social security number

117-52-2618

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	208837	00
39	NYS tax on line 38 amount (see page 21)	39	13888	00
40	NYS household credit (page 21, table 1, 2, or 3)	40		00
41	Resident credit (see page 22)	41		00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	412	00
43	Add lines 40, 41, and 42	43	412	00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	13476	00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45		00
46	Total New York State taxes (add lines 44 and 45)	46	13476	00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC resident tax on line 38 amount (see page 22)	47		00
48	NYC household credit (page 22, table 4, 5, or 6)	48		00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49		00
50	Part-year NYC resident tax (Form IT-360.1)	50		00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		00
52	Add lines 49, 50, and 51	52		00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54		00
54a	MCTMT net earnings base	54a		00
54b	MCTMT	54b		00
55	Yonkers resident income tax surcharge (see page 25)	55		00
56	Yonkers nonresident earnings tax (Form Y-203)	56		00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58		00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0	00
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Voluntary contributions (see page 27)

60a	Return a Gift to Wildlife	60a		00
60b	Missing/Exploited Children Fund	60b		00
60c	Breast Cancer Research Fund	60c		00
60d	Alzheimer's Fund	60d		00
60e	Olympic Fund (\$2 or \$4; see page 27)	60e		00
60f	Prostate and Testicular Cancer Research and Education Fund ..	60f		00
60g	9/11 Memorial	60g		00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h		00
60i	Teen Health Education	60i		00
60j	Veterans Remembrance	60j		00
60k	Homeless Veterans	60k		00
60l	Mental Illness Anti-Stigma Fund	60l		00
60m	Women's Cancers Education and Prevention Fund	60m		00
60	Total voluntary contributions (add lines 60a through 60m)	60		00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	13476	00



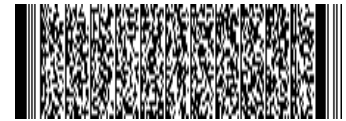
Your social security number

117-52-2618

62 Enter amount from line 61 62 13476 00

Payments and refundable credits (see page 28)

63	Empire State child credit	63		00
63a	Family tax relief credit	63a		00
64	NYS/NYC child and dependent care credit	64		00
65	NYS earned income credit (EIC)	65		00
66	NYS noncustodial parent EIC	66		00
67	Real property tax credit	67		00
68	College tuition credit	68		00
69	NYC school tax credit (also complete F on page 1; see page 29)	69		00
70	NYC earned income credit	70		00
70a	NYC enhanced real property tax credit	70a		00
71	Other refundable credits (Form IT-201-ATT, line 18)	71		00
72	Total New York State tax withheld	72	8336	00
73	Total New York City tax withheld	73		00
74	Total Yonkers tax withheld	74		00
75	Total estimated tax payments and amount paid with Form IT-370	75	5000	00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

76 Total payments (add lines 63 through 75) 76 13336 00

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 00

78 Amount of line 77 to be refunded
 Mark one refund choice: ☐ direct deposit (fill in line 83) - or - ☐ debit card - or - ☐ paper check ... 78 00

79 Amount of line 77 that you want applied to your
 2016 estimated tax (see instructions) 79 00

See page 31 for information about your three refund choices.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☒ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. 80 259 00

See page 32 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) 81 119 00

See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32) 82 00

83 Account information for direct deposit or electronic funds withdrawal (see page 33).
 If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 33) ☐

83a Account type: ☐ Personal checking - or - ☒ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 021000089 83c Account number 23283381

84 Electronic funds withdrawal (see page 33) Date 04162016 Amount 259 00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation COMPUTER PROGRAMMER	
Spouse's signature and occupation (if joint return) DIETITIAN	
Date	Daytime phone number (516) 488-7153
E-mail: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

201004151555





Resident Itemized Deduction Schedule

IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201	Your social security number
WILLIAM J AND INDRA MATTIACE	117-52-2618

Whole dollars only

1 Medical and dental expenses (federal Schedule A, line 4)	1		00
2 Taxes you paid (federal Schedule A, line 9)	2	24994	00
3 Interest you paid (federal Schedule A, line 15)	3	1408	00
4 Gifts to charity (federal Schedule A, line 19)	4	1805	00
5 Casualty and theft losses (federal Schedule A, line 20)	5		00
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27)	6	3812	00
7 Other miscellaneous deductions (federal Schedule A, line 28)	7		00
8 Enter amount from federal Schedule A, line 29	8	32019	00
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	12725	00
10 Subtract line 9 from line 8	10	19294	00
11 Addition adjustments (see instructions)	11		00
12 Add lines 10 and 11	12	19294	00
13 Itemized deduction adjustment (see instructions)	13	2475	00
14 Subtract line 13 from line 12	14	16819	00
15 College tuition itemized deduction (see Form IT-272)	15		00
16 New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34)	16	16819	00

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Other Tax Credits and Taxes

Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. **Submit this form with your Form IT-201.**

Name(s) as shown on your Form IT-201	Your social security number
WILLIAM J AND INDRA MATTIACE	117-52-2618

- A** Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions)..... Yes ☐ No ☒

Part 1 – Other New York State, New York City, and Yonkers tax credits

Section A – New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Accumulation distribution credit (submit computation)		1		00
2 Other nonrefundable, non-carryover credits				
Code	Amount	Code	Amount	
2a		00	2b	
		00		
Total other nonrefundable, non-carryover credits (add lines 2a and 2b)				2
				00

Section B – New York State nonrefundable, carryover credits used

3 Long-term care insurance credit		3	412	00
4 Investment credit		4		00
5 Solar energy system equipment credit		5		00
6 Other nonrefundable, carryover credits				
Code	Amount	Code	Amount	
6a		00	6h	
		00		
6b		00	6i	
		00		
6c		00	6j	
		00		
6d		00	6k	
		00		
6e		00	6l	
		00		
6f		00	6m	
		00		
6g		00	6n	
		00		
Total other nonrefundable, carryover credits (add lines 6a through 6n)				6
				00
7 Total New York State nonrefundable credits used				
(add lines 1 through 6; enter here and on Form IT-201, line 42)		7	412	00

Section C – New York City nonrefundable, non-carryover credits used

8 New York City resident UBT credit		8		00
8a New York City resident GCT credit		8a		00
9 New York City accumulation distribution credit (submit computation)		9		00
9a Part-year resident nonrefundable NYC child and dependent care credit		9a		00
10 Total other New York City nonrefundable credits used				
(add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53)		10		00

Section D – New York State, New York City, Yonkers, and MCTMT refundable credits

11 Farmers' school tax credit		11		00
12 Other refundable credits				
Code	Amount	Code	Amount	
12a		00	12g	
		00		
12b		00	12h	
		00		
12c		00	12i	
		00		
12d		00	12j	
		00		
12e		00	12k	
		00		
12f		00	12l	
		00		
Total other refundable credits (add lines 12a through 12l)				12
				00
13 Add lines 11 and 12		13		00

(continued on back)

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Your social security number

117-52-2618

Part 1, Section D – New York State, New York City, Yonkers, and MCTMT refundable credits (continued)

14 Enter amount from line 13 on the front page	14	00
15 New York State claim of right credit	15	00
16 New York City claim of right credit	16	00
17 Yonkers claim of right credit	17	00
17a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit	17a	00
18 Total New York State, New York City, Yonkers, and MCTMT other refundable credits (add lines 14 through 17a; enter here and on Form IT-201, line 71)	18	00

Part 2 – Other New York State taxes (submit all applicable forms)If you are subject to other New York State taxes, **complete Part 2.**

19 New York State tax on capital gain portion of lump-sum distributions (<i>Form IT-230</i>)	19	00																												
20 Other New York State taxes																														
<table border="1"> <thead> <tr> <th>Code</th> <th>Amount</th> <th>Code</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td>20a</td><td>00</td><td>20g</td><td>00</td></tr> <tr><td>20b</td><td>00</td><td>20h</td><td>00</td></tr> <tr><td>20c</td><td>00</td><td>20i</td><td>00</td></tr> <tr><td>20d</td><td>00</td><td>20j</td><td>00</td></tr> <tr><td>20e</td><td>00</td><td>20k</td><td>00</td></tr> <tr><td>20f</td><td>00</td><td>20l</td><td>00</td></tr> </tbody> </table>	Code	Amount	Code	Amount	20a	00	20g	00	20b	00	20h	00	20c	00	20i	00	20d	00	20j	00	20e	00	20k	00	20f	00	20l	00		
Code	Amount	Code	Amount																											
20a	00	20g	00																											
20b	00	20h	00																											
20c	00	20i	00																											
20d	00	20j	00																											
20e	00	20k	00																											
20f	00	20l	00																											
Total other New York State taxes (add lines 20a through 20l)	20	00																												
21 Add lines 19 and 20	21	00																												
22 See instructions for line 22	22	00																												
23 Enter amount from Form IT-201 , line 39	23	00																												
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)	24	00																												
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank)	25	00																												
26 New York State separate tax on lump-sum distributions (<i>Form IT-230</i>)	26	00																												
27 Resident credit against separate tax on lump-sum distributions	27	00																												
28 Subtract line 27 from line 26	28	00																												
29 This line intentionally left blank	29																													
30 Net other New York State taxes (add lines 25 and 28; enter here and on Form IT-201, line 45)	30	00																												

Part 3 – Other New York City taxes (submit all applicable forms)

31 This line intentionally left blank	31	
32 New York City resident separate tax on lump-sum distributions (<i>Form IT-230</i>)	32	00
33 New York City tax on capital gain portion of lump-sum distributions (<i>Form IT-230</i>)	33	00
34 Total other New York City taxes (add lines 32 and 33; enter here and on Form IT-201, line 51)	34	00





Claim for Long-Term Care Insurance Credit

Tax Law - Section 606(aa)

IT-249

Name(s) as shown on return WILLIAM J AND INDRA MATTIACE	Identifying number as shown on return 117-52-2618
--	--

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Schedule A – Individuals (including sole proprietors), partnerships, and fiduciaries

1 Qualified long-term care insurance premiums paid for the current tax year (see instructions)	1	2060 .00
2 Credit rate (20%)	2	.20
3 Credit for qualified long-term care insurance (multiply line 1 by line 2)	3	412 .00

Fiduciaries: Include the amount from line 3 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 3 on Schedule E, line 8.

Schedule B – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the long-term care insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer ID number

Schedule C – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Partner	4	Enter your share of the credit from your partnership	4	.00
S corporation shareholder	5	Enter your share of the credit from your S corporation	5	.00
Beneficiary	6	Enter your share of the credit from the fiduciary's Form IT-249, Schedule D, column C	6	.00
	7	Totals (add lines 4, 5, and 6)	7	.00

Fiduciaries: Include the amount from line 7 in the *Total* line of Schedule D, column C.**All others:** Enter the amount from line 7 on Schedule E, line 9.

Schedule D – Beneficiary's and fiduciary's share of credit (see instructions)

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of qualified long-term care insurance credit
Total (enter the amount from Schedule A, line 3, plus the amount from Schedule C, line 7)		.00
		.00
		.00
Fiduciary		.00

(continued on back)



Schedule E – Computation of credit available for the current year

Individuals and partnerships	8	Enter the amount from Schedule A, line 3	8	412 .00
Partners, S corporation shareholders, beneficiaries	9	Enter the amount from Schedule C, line 7	9	.00
Fiduciaries	10	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	10	.00
	11	Total credit available for the current year (add lines 8, 9, and 10)	11	412 .00

Full-year NYS resident individuals, estates, and trusts: Complete Schedule F and Schedule H.

Nonresident and part-year resident individuals, estates, and trusts: Complete Schedule G and Schedule H.

Partnerships: Enter the line 11 amount on Form IT-204, line 145.

Schedule F – Full-Year New York State residents computation of total credit

12	Enter the amount from line 11	12	412 .00
13	Enter the carryover credit from last year's Form IT-249	13	.00
14	Total credit (add lines 12 and 13; complete Schedule H)	14	412 .00

Schedule G – New York State nonresidents and part-year residents computation of total credit

15	Enter the amount from line 11	15	.00
16	Income percentage from this year's Form IT-203, line 45, or Form IT-205-A, line 12 (if the income percentage is more than 100% (1.0000), enter 1.0000)	16	
17	Nonresident and part-year resident credit (multiply line 15 by line 16)	17	.00
18	Enter the carryover credit from last year's Form IT-249	18	.00
19	Total credit (add lines 17 and 18; complete Schedule H)	19	.00

Schedule H – Computation of credit used and carried over

20	Tax due before credits (see instructions)	20	13888 .00
21	Credits applied against the tax before this credit (see instructions)	21	.00
22	Net tax (subtract line 21 from line 20)	22	13888 .00
23	Credit used for the current tax year (see instructions)	23	412 .00
24	Amount of credit available for carryover to next year. Full-year residents: Subtract line 23 from line 14. Nonresidents and part-year residents: Subtract line 23 from line 19	24	.00





Underpayment of Estimated Tax By Individuals and Fiduciaries

New York State • New York City • Yonkers • MCTMT

IT-2105.9

Name(s) as shown on return WILLIAM J AND INDRA MATTIACE	Identification number (SSN or EIN) 117-52-2618
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Part 1 – All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1 Total tax from your 2015 return before withholding and estimated tax payments (caution: see instructions)	1	13476 .00
2 Empire State child credit (from Form IT-201, line 63)	2	.00
3 NYS/NYC child and dependent care credit (from Form IT-201, line 64)	3	.00
4 NY State earned income credit (EIC) (from Form IT-201, line 65)	4	.00
5 NY State noncustodial parent EIC (from Form IT-201, line 66)	5	.00
6 Real property tax credit (from Form IT-201, line 67)	6	.00
7 College tuition credit (from Form IT-201, line 68)	7	.00
7a Property tax freeze credit (see instructions)	7a	.00
7b Family tax relief credit (from Form IT-201, line 63a)	7b	.00
8 NY City school tax credit (from Form IT-201, line 69, or Form IT-203, line 60)	8	.00
9 NY City earned income credit (from Form IT-201, line 70)	9	.00
9a NY City enhanced real property tax credit (from Form IT-201, line 70a)	9a	.00
10 Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10	.00
11 Add lines 2 through 10	11	.00
12 Current year tax (subtract line 11 from line 1)	12	13476 .00
13 Multiply line 12 by 90% (.90)	13	12128 .00
14 Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)	14	8336 .00
15 Subtract line 14 from line 12. If the result is less than \$300, do not complete the rest of this form (see instructions)	15	5140 .00
16 Enter your 2014 tax (caution: see instructions)	16	16109 .00
17 Enter the smaller of line 13 or line 16	17	12128 .00

Part 2 – Short method for computing the penalty – Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete **Part 3 – Regular method**.

18 Enter the amount from line 14 above	18	.00
19 Enter the total amount of estimated tax payments you made (see instructions)	19	.00
20 Add lines 18 and 19	20	.00
21 Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)	21	.00
22 Multiply line 21 by .05000 and enter the result	22	.00
23 If the amount on line 21 was paid on or after April 15, 2016, enter 0 . If the amount on line 21 was paid before April 15, 2016, make the following computation to find the amount to enter on this line: Amount on line 21 × number of days paid before April 15, 2016 × .00020 =	23	.00
24 Penalty. Subtract line 23 from line 22	24	.00

Part 3 – Regular method – Schedule A – Computing your underpayment (Schedule B is on the back)

Payment due dates	A 4/15/15	B 6/15/15	C 9/15/15	D 1/15/16
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25	3032 .00	3032 .00	3032 .00
26 Estimated tax paid and tax withheld (see instructions)	26	2084 .00	2084 .00	7084 .00
Complete lines 27 through 29, one column at a time, starting in column A.				
27 Overpayment or underpayment from prior period	27	948 .00	1896 .00	2844 .00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instr.)	28	2084 .00	1136 .00	4240 .00
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29	948 .00	1896 .00	-1208 .00

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Part 3 – Regular method – Schedule B – Computing the penalty

Payment due dates	A	4/15/15	B	6/15/15	C	9/15/15	D	1/15/16
30 Amount of underpayment (from line 29)	30	948 .00	1896 .00	2844 .00	-1208 .00			
First installment (April 15 - June 15, 2015)								
31 April 15 - June 15 = (61 ÷ 365) × 7.5% = .01253 - or - April 15 - _____ = ([] ÷ 365) × 7.5% = []	31							
32 Multiply line 30, column A by line 31	32	12 .00						
Second installment (June 15 - September 15, 2015)								
33 June 15 - September 15 = (92 ÷ 365) × 7.5% = .01890 - or - June 15 - _____ = ([] ÷ 365) × 7.5% = []	33							
34 Multiply line 30, column B by line 33	34	36 .00						
Third installment (September 15, 2015 - January 15, 2016)								
35 September 15 - December 31 = (107 ÷ 365) × 7.5% = .02198 January 1 - January 15 = (15 ÷ 366) × 7.5% = .00306 Total .02504 - or - September 15 - _____ = ([] ÷ 365) × 7.5% = [] January 1 - _____ = ([] ÷ 366) × 7.5% = [] Total []	35							
36 Multiply line 30, column C by line 35	36	71 .00						
Fourth installment (January 15 - April 15, 2016)								
37 January 15 - April 15 = (91 ÷ 366) × 7.5% = .01864 - or - January 15 - _____ = ([] ÷ 366) × 7.5% = []	37							
38 Multiply line 30, column D by line 37	38	.00						
39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42	39	SEE STATEMENT UND.						119 .00



Taxpayer/Spouse Income Allocation Worksheet

2015

Taxable Income of New York City Resident Yonkers Resident Income Tax Surcharge

Name as Shown on Return WILLIAM J AND INDRA MATTIACE	Social Security No. 117-52-2618
---	------------------------------------

Federal Adjusted Gross Income	Total	Taxpayer	Spouse
1 Wages, salaries, tips, etc	160868.	74331.	86537.
2 Taxable interest income	34.	34.	
3 Dividend income	9077.	5680.	3397.
4 Taxable refunds, credits, or offsets of state and local income taxes			
5 Alimony received			
6 Business income or (loss)			
7 Capital gain or (loss)	55677.	55677.	
8 Other gains or (losses)			
9 Taxable amount of IRA distributions			
10 Taxable pensions and annuities			
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.			
12 Farm income or (loss)			
13 Unemployment compensation			
14 Taxable social security benefits			
15 Other income			
16 Total (add lines 1 through 15)	225656.	135722.	89934.
17 Less: Federal adjustments to income			
18 Federal adjusted gross income (line 16 less line 17)	225656.	135722.	89934.

New York Additions

19 Interest income on state and local bonds and obligations			
20 Public employee 414(h) retirement contributions from your wage and tax statements			
21 New York's 529 college savings program distributions			
22 Other			
23 Add lines 19 through 22			

New York Subtractions

24 Taxable refunds, credits, or offsets of state and local income taxes			
25 Pensions of New York State and local governments and the federal government			
26 Taxable amount of social security benefits			
27 Interest income on U.S. government bonds			
28 Pension and annuity income exclusion			
29 New York's 529 college savings program deductions/earnings			
30 Other			
31 Add lines 24 through 30			
32 New York adjusted gross income	225656.	135722.	89934.

Itemized Deductions		Total	Taxpayer	Spouse
33	Medical and dental expenses			
34	Taxes you paid	24994.	24994.	
35	Interest you paid	1408.	1408.	
36	Gifts to charity	1805.	1805.	
37	Casualty and theft losses			
38	Job expenses and most other miscellaneous deductions	3812.	3812.	
39	Other miscellaneous deductions			
40	Add lines 33 through 39	32019.	32019.	
41	Reduction for federal itemized deductions limitation			
42	Total itemized deductions	32019.	32019.	
43	State, local, foreign taxes, other subtraction adjustments	12725.	12725.	
44	Subtract line 43 from line 42	19294.	19294.	
45	Addition adjustments			
46	College tuition itemized deduction			
47	Add lines 44, 45 and 46	19294.	19294.	
48	New York itemized deduction adjustment	2475.	2475.	
49	New York itemized deduction	16819.	16819.	0.

New York Taxable Income

50	New York itemized deduction or		16819.	0.
	New York standard deduction			
51	New York dependent exemptions			
52	New York taxable income		118903.	89934.

New York State Taxes

53	New York taxable income		118903.	89934.
54	New York State tax		7705.	5487.
55	Form IT-216 New York State Child and Dependent Care Credit for part-year residents			
56	New York State Household Credit			
57	Earned Income Credit for part-year residents			
58	New York State nonrefundable credits	412.	412.	
59	Add lines 55, 56, 57 and 58		412.	
60	Subtract line 59 from line 54		7293.	5487.
61	Other New York State taxes			
62	Total New York State taxes		7293.	5487.

Information for Calculation of Yonkers Tax

63	Form IT-201-ATT, line 13 Refundable credits . *			
64	Form IT-209 Noncustodial Parent EIC Credit . *			
65	Form IT-213 Empire State Child Credit *			
66	Form IT-214 Real Property Tax Credit *			
67	Form IT-215 or IT-209 Earned Income Credit . *			
68	Form IT-216 New York State Child and Dependent Care Credit			
69	Form IT-272 College Tuition Credit *			
70	Family Tax Relief Credit			
71	Property Tax Freeze Credit			
72	Form IT-112.1 Resident Credit against separate tax on lump-sum distributions %			
73	Form IT-203-ATT, line 20, Other New York State Taxes %			
74	Form IT-203-ATT, lines 9, 10 and 12, State Refundable Credits %			

* IT-201 filers only

% IT-203 filers only



Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

117-52-2618

Box b Employer identification number (EIN)

13-6400434

Box c Employer's name and full address (including ZIP code)

 THE CITY OF NEW YORK
 1 CENTRE STREET
 NEW YORK

NY 10007

Box 1 Wages, tips, other compensation

74331 00

Box 12a Amount

24000 00

Code

G

Box 14a Amount

107 00

Description

FRINGE

Box 8 Allocated tips

00

Box 12b Amount

23000 00

Code

A A

Box 14b Amount

1560 00

Description

IRC132

Box 10 Dependent care benefits

00

Box 12c Amount

18184 00

Code

D D

Box 14c Amount

00

Description

Box 11 Nonqualified plans

00

Box 12d Amount

00

Code

Box 14d Amount

00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

74331 00

Box 17a NYS income tax withheld

3947 00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

00

Locality b

00

Box 19 Local income tax withheld

Locality a

00

Locality b

00

Box 20 Locality name

Locality a

Locality b

W-2 Record 2

Do not detach.

Box a Employee's social security number for this W-2 Record

071-62-9248

Box b Employer identification number (EIN)

14-6013200

Box c Employer's name and full address (including ZIP code)

 STATE OF NEW YORK
 110 STATE STREET
 ALBANY

NY 12236

Box 1 Wages, tips, other compensation

86537 00

Box 12a Amount

18667 00

Code

D D

Box 14a Amount

00

Description

Box 8 Allocated tips

00

Box 12b Amount

11668 00

Code

E E

Box 14b Amount

00

Description

Box 10 Dependent care benefits

00

Box 12c Amount

00

Code

Box 14c Amount

00

Description

Box 11 Nonqualified plans

00

Box 12d Amount

00

Code

Box 14d Amount

00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

86537 00

Box 17a NYS income tax withheld

4389 00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

00

Locality b

00

Box 19 Local income tax withheld

Locality a

00

Locality b

00

Box 20 Locality name

Locality a

Locality b

102001151555





NYC-200V

PAYMENT VOUCHER

59 Maiden Lane, 19th Floor
New York, NY 10038-4502
nyc.gov/finance

MATTIACE, WILLIAM J
186 LOCUST STREET, APT. PVT
FLORAL PARK NY 11001

EIN/SSN: 117-52-2618
PERIOD BEGIN: 01-01-2015
PERIOD END: 12-31-2015

General Information

File form NYC-200V if you are filing a paper return and there is a balance due. Submit your check with this form. Do not send the check with the return. If you filed your New York City return or extension electronically but did not pay the amount due electronically with the return, you may file a paper NYC-200V with a check, or you may file a Form NYC-200V online and pay online at nyc.gov/eservices.

Your form NYC-200V and payment must be postmarked by the return due date to avoid late payment penalties and interest.

EIN/SSN

Individuals and Single-Member LLCs should file using a Social Security Number. Estates and Trusts and Partnerships should file using an Employer Identification Number.

Payment

The amount you pay should be the amount shown on your e-filed or paper New York City return or extension. Make your check or money order payable in US funds to New York City Department of Finance.

Where to Mail

Mail your payment to:

New York City Department of Finance
P.O. Box 3933
New York, NY 10008-3933

Paying electronically is fast, secure and easy. Go to nyc.gov/eservices for more information.

PLEASE DETACH ALONG THE DOTTED LINE



NYC-200V

PAYMENT VOUCHER

MATTIACE, WILLIAM J
186 LOCUST STREET, APT. PVT
FLORAL PARK NY 11001

EIN/SSN: 117-52-2618
PERIOD BEGIN: 01-01-2015
PERIOD END: 12-31-2015

TAX TYPE	FORM NAME
300	NYC-1127

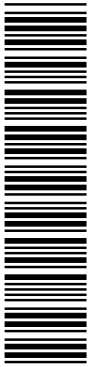
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

Payment Amount Enclosed

983.00

Make Remittance Payable to: NYC Department of Finance

300 002 00000000117522618 20151231 000000000000 06 0000098300 9



PRINT OR TYPE ▼

Enter 2-character special condition code if applicable. (See instructions): _____

First names and initials of employee and spouse: WILLIAM J		Last name: MATTIACE	Name Change _____	AMENDED RETURN
Home address (number and street): 186 LOCUST STREET		Apt. no.: PVT	Address Change _____	
City and State: FLORAL PARK NY		Zip Code: 11001	Country (if not US)	
NYC Department or Agency where employed: FDNY	Employee ▼	Spouse ▼		
Daytime telephone number: 516-488-7153				

TAXPAYER'S EMAIL ADDRESS GMATTIAW@GMAIL.COM
EMPLOYEE'S SOCIAL SECURITY NUMBER 117-52-2618
SPOUSE'S SOCIAL SECURITY NUMBER

1 - FILING STATUS

A. ☐ MARRIED FILING JOINTLY OR SURVIVING SPOUSE **Note:** If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.

B. ☐ HEAD OF HOUSEHOLD

C. ☒ SINGLE OR MARRIED FILING SEPARATELY

A. NUMBER OF MONTHS EMPLOYED IN 2015 EMPLOYEE: 12 SPOUSE: _____

B. DATE RETIRED FROM NYC SERVICE EMPLOYEE: ____ - ____ - ____ SPOUSE: ____ - ____ - ____

C. ☐ CHECK BOX IF YOU AND YOUR SPOUSE ARE BOTH SUBJECT TO SECTION 1127.

A. Payment	Amount being paid electronically with this return	A.	Payment Amount	983
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2 - 1127 LIABILITY CALCULATION

All the information you will need to complete this 1127 form comes directly from your NYS Income Tax Return. For your convenience, we have listed where on your State tax return you can find this information depending on whether you filed a NYS Resident Income Tax Return (NYS IT-201) or a NYS Non-Resident and Part-Year Resident Income Tax Return (NYS IT-203).

Line	Where do I get the amount?	Amount
1 NYS Taxable Income. See instructions.	♦ NYS IT-201, line 37 ♦ NYS IT-203, line 36 Note: If you file a joint Federal tax return but elect to exclude a spouse's income, see the special computation Schedule A on the back of this form and use Filing Status C.	99,077.
2 Section 1127 liability plus Other New York City Taxes, if any. See instructions.	♦ Page 2 liability rate schedules ♦ NYS IT-201, line 51	3,496.
3 New York City School tax and other credits	♦ See Page 2, Schedule B and Instructions	63.
4 New York City 1127 amount withheld	♦ Form 1127.2	2,450.
5 Balance Due	♦ If line 2 is greater than the sum of lines 3 and 4, enter balance due	983.
6 Refund	♦ If line 2 is less than the sum of lines 3 and 4, enter refund amount (not to exceed the amount on line 4). (See instr.)	

3 - CERTIFICATION

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions)YES ☐

SIGN HERE: _____ DATE _____

YOUR SIGNATURE _____

PREPARER'S USE ONLY	SIGNATURE OF PREPARER OTHER THAN TAXPAYER	EIN OR SSN OR PTIN	DATE	PREPARER'S EMAIL ADDRESS
	SELF-PREPARED	PREPARER'S PRINTED NAME	ADDRESS	CITY STATE ZIP CODE

ATTACH A COMPLETE COPY OF YOUR NEW YORK STATE INCOME TAX RETURN INCLUDING ALL SCHEDULES
Payment must be made in U.S. dollars, drawn on a U.S. bank.

ALL RETURNS EXCEPT REFUND RETURNS

NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5564
BINGHAMTON, NY 13902-5564

REV 03/23/16 TTW

REMITTANCES

PAY ONLINE WITH FORM NYC-200V AT
NYC.GOV/ESERVICES OR
Mail Payment and Form NYC-200V ONLY to:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

RETURNS CLAIMING REFUNDS

NYC DEPARTMENT OF FINANCE
SECTION 1127
P.O. BOX 5563
BINGHAMTON, NY 13902-5563

Schedule for Married Filing Jointly for State Purposes and Separately for 1127 Purposes (Spouse is not a NYC mayoral agency employee)

Nonrefundable credits

REV 03/23/16 TTW**Table A - Married filing jointly or surviving spouse**

Table B - Head of household

Table C - Single or married filing separately

If Form NYC-1127, line 1 is:						
OVER	BUT NOT OVER	THE LIABILITY IS:				
\$ 0	\$ 12,000	2.907% of Form 1127, line 1				
\$ 12,000	\$ 25,000	\$ 349	plus	3.534%	of the excess over	\$ 12,000
\$ 25,000	\$ 50,000	\$ 808	plus	3.591%	of the excess over	\$ 25,000
\$ 50,000	\$ 500,000	\$ 1,706	plus	3.648%	of the excess over	\$ 50,000
\$ 500,000		\$ 19,255	plus	3.876%	of the excess over	\$ 500,000

Other Tax Credits and Taxes Worksheet

2015

► Keep for your records

Name as Shown on Return

WILLIAM J AND INDRA MATTIACE

Social Security No.

117-52-2618

Part I — New York Credits

Section A — New York State Nonrefundable/Non-Carryover Credits

Form IT-201-ATT, line 1 thru 2 or Form IT-203-ATT, lines 1 thru 3

1	Form IT-112-R — Resident Credit	1	
2	Form IT-112-C — Resident Credit for Taxes Paid to a Province of Canada	2	
3	Form IT-250 — Defibrillator Credit	3	
4	Form IT-604 — Qualified Economic Zone Employment Tax Reduction Credit	4	
5	New York State Accumulation Distribution Credit (<i>attach computation</i>)	5	

Section B — New York State Nonrefundable/Carryover Credits

Form IT-201-ATT, line 3 thru 7 or Form IT-203-ATT, lines 4 thru 8

1	Form IT-212 — Investment Credit	1	
2	Form IT-236 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit (costs incurred on or after January 1, 2011)	2	
3	Form IT-237 — Historic homeownership rehabilitation credit	3	
4	Form IT-239 — Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities Credit carryover (costs incurred before January 1, 2011)	4	
5	Form IT-246 — Empire State commercial production credit	5	
6	Form IT-249 — Long-Term Care Insurance Credit	6	412.
7	Form IT-251 — Employment of Persons with Disabilities Credit	7	

Carryover information
for Form IT-252 ►

Year Carryover Credit Earned	Carryover Amount

8	Form IT-252 — Financial Services Industry Investment Tax Credit carryover	8	
9	Form IT-253 — Alternative Fuels Credit carryover	9	
10	Form IT-255 — Solar Energy System Equipment Credit	10	
11	Form IT-256 — Claim for Special Additional Mortgage Recording Tax Credit	11	
12	Form IT-261 — Empire State film post-production credit carryover	12	
13	Form IT-501 — Temporary nonrefundable credit deferral payout	13	
14	Form IT-601 — Empire Zone (EZ) Wage Tax Credit	14	
15	Form IT-602 — Empire Zone (EZ) Capital Tax Credit	15	
16	Form IT-603 — Empire Zone (EZ) Invest Tax Cr and Employment Incentive Cr	16	
17	Form IT-605 — Financial Services Industry Empire Zone (EZ) Investment Tax Credit and Employment Incentive Credit	17	
18	Form IT-637 — Alternative Fuels and Electric Vehicle Recharging Property Cr	18	
19 *	Form IT-643 — Hire a Veteran Credit	19	
20 *	Form IT-644 — Workers with Disabilities Tax Credit	20	
21	Form DTF-622 — Qualified Emerging Technology Co. (QETC) Capital Tax Credit	21	
22	Form DTF-624 — Low-Income Housing Credit	22	
23	Form DTF-630 — Green Building Credit	23	
24	Residential Fuel Oil Storage Tank Credit carryover (<i>attach computation</i>)	24	
25	Solar and Wind Energy Credit carryover (<i>attach computation</i>)	25	

* New for 2015

Additional information from your 2015 New York Tax Return

IT-2105.9: Underpayment of Estimated Tax Underpayment Statement

Explanation Statement

Penalty							
Event	Date	Amount Due	Amount Paid	Running Balance	Percent	# of Days	Penalty
AMOUNT DUE	04/15/15	3032		3032	7.50	0	
WITHHOLDING	04/15/15		2084	948	7.50	61	11.88
AMOUNT DUE	06/15/15	3032		3980	7.50	0	
WITHHOLDING	06/15/15		2084	1896	7.50	92	35.83
AMOUNT DUE	09/15/15	3032		4928	7.50	0	
WITHHOLDING	09/15/15		2084	2844	7.50	107	62.51
DAILY RATE CHG	12/31/15			2844	7.50	15	8.70
AMOUNT DUE	01/15/16	3032		5876	7.50	0	
WITHHOLDING	01/15/16		2084	3792	7.50	0	
PAYMENT	01/15/16		5000	-1208	7.50	91	
DATE FILED	04/15/16			-1208	7.50		
SUMMARY:							
- QUARTER 1							12.00
- QUARTER 2							36.00
- QUARTER 3							71.00
- QUARTER 4							0.00

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015
Attachment
Sequence No. **12**

Name(s) shown on return

William J & Indra Mattiace

Your social security number

117-52-2618

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	2,661.	2,719.		-58.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -58.

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	29,364.	29,824.		-460.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	12.	1,178.		-1,166.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 57,361.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 55,735.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	55,677.
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions . . . ▶	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	
20	Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

William J & Indra Mattiace

Social security number or taxpayer identification number

117-52-2618

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Shares Redeemed	Various	04/15/15	2,603.01	2,666.99			-63.98
	Shares Redeemed	12/17/14	12/01/15	57.74	51.79			5.95
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				2,660.75	2,718.78			-58.03

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

117-52-2618

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

William J & Indra Mattiace

117-52-2618

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.60 LUMENTUM HOLDINGS IN	01/25/00	08/04/15	12.20	1,178.04			-1,165.84
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				12.20	1,178.04			-1,165.84

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

William J & Indra Mattiace

Your social security number

117-52-2618

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2				
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	12,558.		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	12,269.		
7	Personal property taxes	7			
8	Other taxes. List type and amount ► Foreign Taxes Int Div	8	167.		
9	Add lines 5 through 8	9			24,994.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	1,392.
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	16.
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	1,408.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	1,805.
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	1,805.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Deductible expenses from Form 2106		21	7,780.
		22 Tax preparation fees		22	85.
		23 Other expenses—investment, safe deposit box, etc. List type and amount ► Magazines, and books for investment		23	460.
		24 Add lines 21 through 23		24	8,325.
		25 Enter amount from Form 1040, line 38 25 225,656.		25	
		26 Multiply line 25 by 2% (.02)		26	4,513.
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	3,812.
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?		29	32,019.
		No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					